

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

Ross - 10

CLAIMS AS FILED - PART I

	Column 1	Column 2
TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20 =	
INDEPENDENT CLAIMS	3 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY TYPE ☒

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	370.00
*\$9=	
*42=	
*140=	
TOTAL	370

RATE	FEE
BASIC FEE	740.00
*\$18=	
*84=	
*280=	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	Column 1	Column 2	Column 3
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	
Independent	*	Minus ***	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
*\$9=	
*42=	
*140=	
TOTAL ADD'N FEE	

RATE	ADDITIONAL FEE
*\$18=	
*84=	
*280=	
TOTAL ADD'N FEE	

	Column 1	Column 2	Column 3
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	
Independent	*	Minus ***	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
*\$9=	
*42=	
*140=	
TOTAL ADD'N FEE	

RATE	ADDITIONAL FEE
*\$18=	
*84=	
*280=	
TOTAL ADD'N FEE	

	Column 1	Column 2	Column 3
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	
Independent	*	Minus ***	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
*\$9=	
*42=	
*140=	
TOTAL ADD'N FEE	

RATE	ADDITIONAL FEE
*\$18=	
*84=	
*280=	
TOTAL ADD'N FEE	

NOTICE OF FEE DUE

DATE: _____

TO _____

FROM Office of Initial Patent Examination

SUBJECT: Fee Due

APPLICATION NUMBER: _____

A fee is due for the attached document submitted to the U. S. Patent and Trademark Office for the following reason. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee. If an authorization is not present, notify the applicant of the fee deficiency.

- ☐ Insufficient fee by check
- ☒ Insufficient funds in deposit account
- ☐ Declined credit card
- ☐ Non authorization for charge to deposit account
- ☐ No fee submitted per requirement

RECEIVED
DEC 02 2002
TC 1700

RECEIVED
DEC 02 2002
100

The correct fee code: _____	amount	= \$ _____
The suspended fee code: 197	amount	= \$ _____
Fee Due	amount	= \$ _____

If you have any questions, please contact Cynthia Streater at 703-306-5430 or Eleanor Kurtz at 703-308-3642.

Terminal Operator _____